FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

INITORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: Expires:.... Estimated average burden



Serial

	.C. # //										
Name of Offering	(D check if this is a	n amendment and name	has changed, and in	ndicate change.)							
Sale and Issuance of	of Convertible Promi	ssory Notes and Warra	nts to Purchase Pre	eferred Stock (and t	he underly	ing Common	and Preferred Stock)				
Filing Under (Check b	oox(es) that apply):	□ Rule 504	☐ Rule 505	Rule 506	☐ Sect	ion 4(6)] ULOE				
Type of Filing:	New Filing	☐ Amendment									
		A. BAS	IC IDENTIFICAT	ION DATA							
1. Enter the inform	ation requested abou	t the issuer					114 - 146-2 - 1				
Name of Issuer	(check if this is a	in amendment and name	has changed, and in	ndicate change.)							
Firefly Mobile, Inc.											
Address of Executive	Offices		(Number and Stree	et, City, State, Zip Co	de) Tele	phone Numbe	r (Including Area Code)				
250 Parkway Drive,	Suite 220, Lincolnsh	nire, IL 60069				84	7.353.1961				
Address of Principal (Address of Principal Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)										
(if different from Exec	cutive Offices) S	ame As Above				Sam	e As Above				
Brief Description of B	usiness: Teleco	mmunication technolo	gy development			3	PROCECCE				
Type of Business Org	ganization										
٥	corporation	☐ limited	partnership, already	formed	other	(please specify	.): ULI 18 2005				
	business trust	☐ limited	partnership, to be fo	med			THOGAR				
			Month	Year	,		FINANCIAL				
Actual or Estimated D	Date of Incorporation of	or Organization:	0 2	0	3	Actual	☐ Estimated				
Jurisdiction of Incorpo	urisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State;										
		(CN for Canada; FN fo	r other foreign jurisdi	ction)	D	E				

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number



		A. BASIC I	DENTIFICATION DAT	'A	
Each beneficial ownEach executive office	ne issuer, if the iss ner having the pov cer and director o	suer has been organized wi wer to vote or dispose, or d			a class of equity securities of the issuer; artnership issuers; and
Check Box(es) that Apply:	☐ Promoter	□ Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Deubler, Donald			
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de): 250 Parkway Driv	e, Suite 220, Linc	olnshire, IL 60069
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Heagney, James			· Core
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de): 250 Parkway Drive	e, Suite 220, Linc	olnshire, IL 60069
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Van der Meer, Rolan	d		
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de): 305 Lytton Avenu	e, Palo Alto, CA	94301
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first,	f individual):	Abrams, Robin	- Annual Control of the Control of t		
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de): 250 Parkway Drive	e, Suite 220, Linc	oInshire, IL 60069
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	f individual):	Van Vooren, Robert			
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 250 Parkway Drive	e, Suite 220, Linc	olnshire, IL 60069
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	f individual):	Belding, David		· · · · · · · · · · · · · · · · · · ·	
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 3950 Las Vegas B	lvd. South, Las V	egas, NV 89119
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Luczo, Stephen			100 Andrews
Business or Residence Add	ess (Number and	Street, City, State, Zip Coo	de): 920 Disc Drive, So	cotts Valley, CA	95066
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	ComVentures		<u> </u>	TA SAME AND COMMENTS
Business or Residence Add	ess (Number and	Street, City, State, Zip Coo	de): 305 Lytton Avenue	e, Palo Alto, CA S	94301

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Gramaglia, Jerry			
Business or Residence Add	ress (Number and	i Street, City, State, Zip Co	de):	***	

Name Last name East, Individual States Individual States Individual Individual	B. INFORMATION ABOUT OFFERING														
Has the issuer solid, or does the issuer intend to self, to non-accredited investors in this offering?										J. / LI					
Answer also in Appendix, Column 2, if filling under ULOE.											_		-		
No	1. Ha	s the issue	er sold, qr	does the is	suer inten										
3. Does the offering permit joint ownership of a single unit?	2. Wh	2. What is the minimum investment that will be accepted from any individual?											<u>2,013,7</u>	<u>10</u>	
## Chart the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar enumeration for socialistic of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer repistered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than the (S) persons to be listed and associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. ### Full Name (Last name first, if individual) ### Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer													, -	<u>Yes</u>	<u>No</u>
any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed as an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons or such a broker or dealer. If more than five (5) persons to be listed are associated persons or such a broker or dealer. You may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)	3. Do	es the offe	ring permi	t joint own	ership of a	single un	t?							\boxtimes	
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check 'All States' or check individual States)	any offe and	any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are													
Name of Associated Broker or Dealer States Name of Associated Broker or Dealer Name of Associat	Full Nan	ne (Last na	ame first, it	findividual)										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check, "All States" or check individual States)	Busines	s or Reside	ence Addr	ess (Numb	per and Str	eet, City,	State, Zip	Code)		. t. W.					
All States Check 'All States' or check individual States All States All States All States All States All States All States All States All States Al	Name of	f Associate	d Broker o	or Dealer											
															☐ All States
MT	□ [AL]	☐ [AK]	☐ [AZ]	☐ [AR]	☐ [CA]	☐ [CO]		□ [DE]	☐ [DC]	□ [FL]	☐ [GA]	☐ [HI]	□ [ID]		
RI	[IL]	□ [IN]	□ [IA]	[KS]	□ [KY]	□ [LA]	[ME]	[MD]	☐ [MA]	☐ [MI]	☐ [MN]	☐ [MS]	☐ [MO]		
Full Name (Last name first, if individual)	☐ [MT]	□ [NE]	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]	□ [NC]	□ [ND]	□ [OH]	□ [OK]	□ [OR]	□ [PA]		
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). All States All States	□ [RI]	□ [SC]	☐ [SD]	□ [TN]	□ [TX]	[TU]	[√T]	□ [VA]	[WA]		[WI]		□ [PR]		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Full Nan	ne (Last na	ime first, if	individual)			_						•	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Busines	s or Reside	ence Addr	ess (Numb	per and Str	eet, City,	State, Zip	Code)							· . - ·
Check "All States" or check individual States)	Name of	f Associate	d Broker o	or Dealer											
[IL]															☐ All States
MT	☐ [AL]	[AK]	☐ [AZ]	☐ [AR]	☐ [CA]	☐ [CO]	[CT]	□ [DE]	□ [DC]	[FL]	☐ [GA]	☐ [HI]	[ID]		
RI		□ [IN]	□ [IA]	□ [KS]	☐ [KY]	☐ [LA]	☐ [ME]	☐ [MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]		
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	☐ [MT]	□ [NE]	□ [NV]	□ [NH]	□ [NJ]	☐ [NM]	□ [NY]	□ [NC]	□ [ND]	□ [OH]	□ [OK]	□ [OR]	□ [PA]		
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	□ [RI]	[sc]	☐ [SD]	□ [TN]	□ [TX]	[עדן] 🔲	[TV]	□ [VA]	☐ [WA]		□ [WI]		□ [PR]		
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Full Nan	ne (Last na	me first, if	individual)				ulting a second	,					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers <pre>(Check "All States" or check individual States)</pre>	Busines	s or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)		·. •·					
(Check "All States" or check individual States)	Name of	f Associate	d Broker o	or Dealer								,			
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [ID] [IL] [IN] [IN] [IN] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]															☐ All States
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]		_										☐ [HI]			
	[MT]			☐ [NH]											

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

□ [RI]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	ND (JSE OF PROCE	EDS	
١.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$		\$	
	Equity	\$	11,013,710.00	\$	11,013,710.00
	☐ Common ☒ Preferred				
	Convertible Securities (including warrants)	\$	0	<u>\$</u>	0
	Partnership Interests	\$		\$	
	Other (Specify)	\$		• •	
	Total	\$	11,013,710.00	\$	11,013,710.00
	Answer also in Appendix, Column 3, if filing under ULOE.			· <u>-</u>	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount Of Purchases
	Accredited Investors		7	\$	11,013,710.00
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)			<u>\$</u>	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C–Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		N/A	\$	N/A
	Regulation A		N/A	\$	N/A
	Rule 504		N/A	<u>\$</u>	N/A
	Total		N/A	<u>\$</u>	N/A
۱.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🗆	\$	
	Printing and Engraving Costs			\$	
	Legal Fees			\$	
	Accounting Fees			\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)			\$	
			_	<u>*</u>	
	Total		····· 🗀	₽	

4	b. Enter the difference between the aggregate offerin Question 1 and total expenses furnished in response to "adjusted gross proceeds to the issuer."	nce is the			\$		11,013,710.00	
5	Indicate below the amount of the adjusted gross proceed used for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate. The adjusted gross proceeds to the issuer set forth in re	rany purpose is not known, furnish The total of the payments listed mu	an st equal	Payments to Officers, Directors & Affiliates				Payments to Others
	Salaries and fees			\$			\$	
	Purchase of real estate			\$			\$_	
	Purchase, rental or leasing and installation of m	achinery and equipment		\$			\$_	
	Construction or leasing of plant buildings and fa	cilities		\$			\$	
	Acquisition of other businesses (including the va							
	offering that may be used in exchange for the as pursuant to a merger)			\$			\$	
	Repayment of indebtedness			\$			<u>\$</u> _	
	Working capital			\$		\boxtimes	\$_	11,013,710.00
	Other (specify):			\$			<u>\$</u> _	
				\$			\$	
	Column Totals			\$		\boxtimes	\$	11,013,710.00
	Total Payments Listed (column totals added)			\boxtimes	\$	11,0	13,710	0.00
		D. FEDERAL SIGNATUR						
cor	s issuer has duly caused this notice to be signed by the astitutes an undertaking by the issuer to furnish to the U. the issuer to any non-accredited investor pursuant to particular to	S. Securities and Exchange Comm	n. If this rission, up	notice is filed under on written request o	Rule : f its s	505, the taff, the	follov	ving signature nation furnished
SSI	uer (Print or Type)	Signature ///	1	, 	Da	ite		
	efly Mobile, Inc.	1/1/11/201/		my	Oc	tober 1	<u>1, 200</u>)5
	me of Signer (Print or Type)	Title of Signer (Print or Type)						
101	m Thomas	Secretary						